Form HCD-6

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF HEALTH CONSERVATION

MEASLES

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It Kills Many Little Children

Measles is a serious disease. When parents fully realize that it is the most contagious of all the diseases, that it frequently leads to permanent deafness or to defective eyesight and that it causes more deaths than does scarlet fever they will be more willing to protect their children from it and more anxious to obtain a doctor's services promptly.

Measles is essentially a disease of early childhood. It is most serious at this period. Among the children in Pennsylvania contracting measles 32% are under five years of age and 85% of the many deaths from this malady occur in this age period. Measles kills many babies whose lives could be saved if the necessary precautions were adopted. Measles often results in permanent and complete deafness. Measles damages many eyes.

Its Spread. Measles always develops from exposure to some one else who has the disease. It is due to a germ. It is spread only from person to person. It cannot be carried on the clothing or by other objects. It is not an air-borne disease. The germ which causes measles is found in the nose and throat of the person who has it or in discharges from the eyes or ears. It is disseminated by coughing or sneezing. One who uses a glass or towel after use by a person having measles is likely to become infected. The scales of skin which peel off during the convalescence of severe cases have nothing to do with its spread. Measles is contagious from the very beginning of symptoms—as much as three or four days before the rash appears.

Every case of measles must be reported to the local health officer. Where physicians are not consulted the patient, the householder or the person in charge of those who have measles is required to report the cases. A general and sincere cooperation by parents in notifying the local health officer of the appearance of suspected contagious diseases will result in protection and an actual reduction of contagious diseases, as well as in fewer deaths.

Nearly all young children are susceptible to measles. Adults, especially those raised in rural districts who escaped in early life, are frequently attacked when exposed. It is impossible to determine susceptibility except through exposure. When an adult contracts the disease it is apt to be rather severe. Exposure should be avoided by all, adults and children alike. Children should be kept at home, especially those under five years of age, as much as possible when measles is prevalent in the neighborhood and the neighbors' children should be sent home if they visit. They should not be taken all over town—to the shops, to places of amusement, etc.

To limit a wide-spread epidemic is expensive, requiring much help and earnest work, but, on the other hand, to permit an epidemic to exhaust itself is much more so. In the latter alternative, doctor bills, permanent damage to children's eyes and ears, and deaths must be reckoned. The health officer's effort to control a measles outbreak is useless if he is without the cooperation of parents who think it unnecessary to call a physician or who give no consideration to the prevention of measles in their children.

It is not correct to use the expression "one kind of measles" any more than it is to say "one kind of pox." Measles has no

more relation to German measles than smallpox has to chicken pox; they are separate and distinct diseases. Any disease may appear in a mild or in a severe form. Measles, therefore, may be so mild as to resemble German measles or German measles may be so severe (with marked redness of the eyes and with much coughing) as to resemble measles. These two diseases are frequently confounded with scarlet fever, when in the mild stages, and definite diagnosis is difficult.

Incubation. The incubation period of measles (which is the time it takes for the disease to develop after exposure) is usually from seven to nine days. The legally declared maximum incubation period is fourteen days, after which time it is usually safe to assume that if the child has no measles symptoms it will not be afflicted.

Symptoms. Measles usually begins with sneezing or coughing but occasionally the first sign is a redness or watering of the eyes and there may be discharge from the nose. Frequently these symptoms go unnoticed. It is quite possible for the patient not to have any of these indications before the rash's appearance. Any child who develops these symptoms, particularly if accompanied by fever or indisposition, should be kept away from school and from contact with other children until the few days elapse which are necessary for proper diagnosis. When measles appears in a community or school and children begin to cough it is likely that the cough is a symptom of the disease and measles should be suspected.

The measles rash usually begins on the face, neck or chest and develops rapidly. The rash is composed of reddish blotches

the size of peas or beans, irregular in shape, and always with areas of clear skin interspersed among the blotches.

The complications of measles comprise eye strain, pneumonia and ear disease resulting in partial or complete deafness. Every precaution should be taken to prevent their development. Pneumonia is particularly liable to result fatally in little children.

Relation to Tuberculosis. An attack of measles may be followed by results far more serious than the disease itself. Resistance to tuberculosis is greatly lowered by it. A definite percentage of infections with the germ of tuberculosis can be traced to poor recoveries from measles.

To prevent tuberculosis in those having measles there are two important health measures to be followed—first, keep the children away from consumptives and from persons having chronic coughs and expectoration; second, see that the child is properly built up following the attack. If he does not gain weight and appetite or if the measles cough hangs on let your physician give him a thorough physical examination, with particular reference to the chest, and continue his observation and care until the child is entirely well.

Every measles patient should be confined in a well ventilated room which is free from dust and irritating or noxious odors. The room should not be heated by a gas stove or oil burner because these exhaust the air of its oxygen and load it with damaging combustion gases. The room should be greatly darkened. There should be just sufficient light to permit attendance upon the patient's needs. The eyes must not be used for close work until the redness has

entirely disappeared from them. If the eyes are only slightly red it may be safe for the child to play with toys or with such games as require no eye-strain.

Children of the household who are known to have had measles may attend school if they obtain *permits from the health officer to do so.* Teachers must not accept any other certificate. The health officer, however, will not issue this permit unless the records show that the child at one time had been ill and quarantined for the disease. Children who have not had measles must remain out of school and at home under quarantine until released by the health officer. Adults are not included in the quarantine.

SANITARY CLEANING

Materials required:

1. A gown or outer covering that can be boiled.
2. A hood to cover the hair.
3. Soap, water, scrubbing brush and cleaning cloths.
4. Disinfecting solution. This is poisonous if taken internally. The disinfectant is supplied by the health officer—five and a half (5½) tablespoonfuls of it in a bucket of water makes the required solution.

With the clothing covered by the washable gown and the hair by the hood, collect and place in a wash boiler containing water all the sick room clothing, bedding, eating and drinking utensils and fabrics and objects which can be boiled without injury. Carry the boiler and contents to the stove and boil for one hour.

Burn all sick room articles which can be dispensed with.

Remove woolen clothing, blankets and floor coverings to a line outdoors and thoroughly sun and air them for one full day. If grossly soiled they may then be cleaned in the usual manner.

Sponge the mattress on both sides and its edges with the disinfecting solution. Work it in about the seams and buttons. Air and sun it outdoors with the blankets. Treat pillows in the same way.

Begin at the door leading into the room and wipe down all woodwork, exposed floor surface, furniture and door knobs with the disinfecting solution, using it freely. Begin at the doorway and not at the opposite side of the room. Work the solution into all cracks and corners. Allow to remain in contact with floor and woodwork, etc. for at least one hour. Then thoroughly scrub with soap and water. No dry sweeping or dusting.

Let in sunshine and air by opening shutters, sashes and raising blinds.

Remove gown and hood, fold and place in boiler containing sick room articles to be boiled.

Close the door to the room and allow it to air for at least twenty four hours before using.